



2019 DEPENDENT DAYCARE CLAIM FORM
SECTION 125 - FLEX REIMBURSEMENT CLAIM FORM

HOW TO FILE A CLAIM

- 1.) Reimbursement can only be made with the submission of one of the following:
a. this form completed with the Provider of Care's signature as indicated below; or,
b. itemized receipts completed by the Provider of Care attached to this claim form

2.) Mail your claim to: Sunwest Employer Services
1430 E. Missouri Avenue Phone: 602-386-3544
Suite B-155
Phoenix, AZ 85014
Or

Upload your completed form to: https://sunwestes.sharefile.com/r-r25a9b67113345cca

ABOUT YOU

Employer's Name SUNWEST EMPLOYER SERVICES, INC.
Your Name
Your Address
Social Security Number

DEPENDENT INFORMATION

Table with 2 columns: Name, Date of Birth. Three rows for dependent information.

DAYCARE PROVIDER INFORMATION

Name: Social Security/Tax ID#:

Table with 2 columns: Date of Service, Amount. Three rows for daycare provider information.

Provider of Care Signature

PAYMENT AUTHORIZATION

I request payment from my Reimbursement Account for the expenses itemized and attached, and understand that the expenses reimbursed cannot be claimed on my personal income tax return.

Employee Signature Date